

## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

LINDA LINGLE GOVERNOR OF HAWAII

CHIYOME L. FUKINO, M.D. DIRECTOR OF HEALTH

DAVID T. SAKAMOTO, M.D., M.B.A.
ADMINISTRATOR

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October 16, 2003

## CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Susanna F. Cheung President and Chief Executive Officer Opportunities for the Retarded, Inc. 64-1510 Kamehameha Highway Wahiawa, HI 96786

Dear Ms. Cheung:

The State Health Planning and Development Agency has evaluated your application for administrative review for Certificate of Need ("Cert.") #03-29A for the addition of 10 Intermediate Care Facility/Mental Retardation (ICF/MR) beds at 64-1510 Kamehameha Highway, Wahiawa, HI at a capital cost of \$20,000.

As provided under Section 11-186-99.1 of the Hawaii Administrative Rules (HAR), the Agency has determined that:

- 1. This proposal is eligible for administrative review as it meets the criterion in Section 11-186-99.1(b) (6), i.e.: "any proposal which is determined by the agency not to have a significant impact on the health care system."
- 2. The Agency has determined that the applicant has proven by a preponderance of evidence that its proposal meets the Cert. criteria in Section 11-186-15, HAR:
  - a. The applicant states that its proposal addresses the H2P2 critical element of continuity of care by enhancing the availability of services and activity programs to enable persons with mental retardation/developmental disabilities to live and develop successfully within the community.
  - b. The applicant states there are approximately 30,000 persons with developmental disabilities/mental retardation in Hawaii many of whom are at risk of institutionalization. The applicant states that its proposal will increase the availability of specialized ICF/MR level of care services in the community and will assist with the prevention of long-term institutionalized care.
  - c. The applicant states that it has a waiting list of 47 individuals who are seeking services that are best provided in an ICF/MR facility.

- d. The applicant states that it has been operating three state licensed and federally certified ICF/MR homes, each with five beds since 1995. The applicant further states that it was approved by the Agency for an additional two homes, each with 5 beds in June 2003. The applicant states that it will seek state licensing and federal certification for the 10 beds approved in June 2003 as well as the additional ten beds proposed in this application #03-29A.
- e. The applicant projects total revenue and expenses of \$466,726 in year one of its proposal and \$504,810 in year three.
- f. The applicant states that its proposal addresses the desire for less costly alternative methods of delivering care and for de-institutionalizing persons with ICF/MR needs. The applicant further states that its proposal will assist with the transition from institutional care to a more normal quality of life.
- g. The applicant states that personnel, management and funds are available for its proposal.

There is no compelling public interest which will be served by requiring the application to go through the standard review process.

Pursuant to Section 323D-43(b), Hawaii Revised Statutes (HRS), the Agency finds that:

- 1. There is a public need for this Proposal.
- 2. The cost of this Proposal will not be unreasonable in light of the benefits it will provide and its impact on health care costs.

Accordingly, the State Health Planning and Development Agency hereby APPROVES and ISSUES a Certificate of Need to Opportunities for the Retarded, Inc. for the proposal described in Cert. #03-29A. The maximum capital expenditure allowed under this approval is \$20,000.

Please be advised that pursuant to Section 323D-47, HRS and Section 11-186-99.1(g) HAR, any person may, for good cause shown, request in writing a public hearing for reconsideration of the Agency's decision within ten working days from the date this decision.

Accordingly, if no person makes such a timely request for reconsideration, this decision shall become final immediately after the deadline for making such a request has expired.

David T. Sakamoto, M.D.

Administrator

C: Gerald Chung, OHCA

## **CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the attached Administrative Review Decision was duly served upon the applicant by sending it by certified mail, return receipt requested, in the United States Postal Service addressed as follows on October 16, 2003.

Susanna F. Cheung President and Chief Executive Officer Opportunities for the Retarded, Inc. 64-1510 Kamehameha Highway Wahiawa, HI 96786

HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

David T. Sakamoto, M.D.

Administrator